

XC-233 3719
Reg. #119979

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38702**
Registrar's No. **2412**

BIRTH DATE FILED OCT 16 1957		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2412	
1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MARION			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (Specify) 12 DAYS		c. CITY OR TOWN HANNIBAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 2013 Hope Street			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) B.		c. (Last) DEATON		4. DATE OF DEATH (Month) (Day) (Year) 9-29-57	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1-26-81	
9. AGE (In years last birthday) 76 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONE MASON		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and State or Foreign Country) TENN.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME P. DEATON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. SPAN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VET. ADM. HOSPITAL RECORDS, JEFF. BRKS., MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SILICO TUBERCULOSIS, FAR ADVANCED, ACTIVE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ADENOCARCINOMA OF PROSTATE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH UNKN. UNKN. 12-15 yrs.	
19a. DATE OF OPERATION 8-30-57		19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF PROSTATE				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-17 , 19 57 , to 9-29 , 19 57 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE John W. Mising, M.D.		(Degree or title)		23b. ADDRESS VET. ADM. HOSPITAL, JEFF. BRKS., MO.		23c. DATE SIGNED 9-29-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-30-57		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 9-30-57		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-28-83
2-28-83

WELLS

JOHN

EMERALD STATE

EMERALD

STATE OF MISSISSIPPI, EMERALD STATE

EMERALD STATE, MISSISSIPPI, EMERALD STATE

2-28-83

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EMERALD STATE, MISSISSIPPI, EMERALD STATE

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EMERALD STATE, MISSISSIPPI, EMERALD STATE

STATEMENT BY LICENSED EMBALMER

EMERALD STATE, MISSISSIPPI, EMERALD STATE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~on~~ by

Student Embalmer No.

working under my personal supervision.

EMERALD STATE, MISSISSIPPI, EMERALD STATE

2-28-83

Student

Signature of Student Embalmer

Signed

Elton R. Remelius

Licensed Embalmer No.

4283

P.O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.